

Director's Signature:

C. Salemi

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: May 8, 2010

Employee Name:		Sunday 05/02/10	Monday 05/03/10	Tuesday 05/04/10	Wednesday 05/05/10	Thursday 05/06/10	Friday 05/07/10	Saturday 05/08/10
Corbett, Kate 45161000 <i>Kate Corbett</i> Employee Signature	Day: In - Out			6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	
	Lunch: Out - In			12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To				8:40 11:30			
Document exceptions or comments, indicate type and amount.			SIC 7.5		SUBSIC Sup			
Dookhan, Annie 45161000 <i>Annie Dookhan</i> Employee Signature	Day: In - Out		6:45 4:00	6:45 4:15	6:45 4:00	6:45 4:15	6:45 4:00	
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To			9:50 11:45	8:40 4:30			
Document exceptions or comments, indicate type and amount.			OT 1.25	Middlesex Superior OT 1.50	SUBSIC Sup 1.25 OT	OT 1.50	OT 1.25	
Feiden, Stacey 8100-9745 <i>Stacey Feiden</i> Employee Signature	Day: In - Out		8:20 4:20	6:55 2:55	6:55 1:55	8:00 4:00	8:10 4:10	
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.					1.0 SIC			
Frasca, Daniela 45161000 <i>Daniela Frasca</i> Employee Signature	Day: In - Out		7:00 3:00	6:45 2:45	7:00 3:00	6:45 2:45	7:00 3:00	
	Lunch: Out - In		1:05 1:35	1:15 1:45	12:35 1:05	12:45 1:15	12:00 12:30	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								

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Employee Name:		Sunday 05/02/10	Monday 05/03/10	Tuesday 05/04/10	Wednesday 05/05/10	Thursday 05/06/10	Friday 05/07/10	Saturday 05/08/10
Glazer, Lisa 45161000 <i>Lisa Glazer</i> Employee Signature	Day: In - Out		6:45 2:45	6:45 4:00	6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45
	Lunch: Out - In		12:00 12:30		12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To			Malden District 10:50am 4:00				
Document exceptions or comments, indicate type and amount.				1.25 hr comp earned				OT 6 hrs
Lawler, Michael 45161000 <i>Michael Lawler</i> Employee Signature	Day: In - Out		8:00 4:00	8:15 5:20	8:00 5:00	8:00 5:15	7:50 6:30	6:50 6:50
	Lunch: Out - In		1:30 2:00	1:45 2:15	2:15 2:45	1:30 2:00	1:50 3:30	12:30 1:00
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.				OT 1.0	OT 1.0	OT 1.25	OT 1.0	OT 9.0
Medina, Nicole 45161000 <i>CB5</i> Employee Signature	Day: In - Out		7:45 3:45	7:50 3:50	7:50 3:50	7:50 3:50	8:15 2:15	
	Lunch: Out - In		12 12:30	12 12:30	12 12:30			
	Outside Duty: From - To					9:10 7:00 New Bedford Dist		
Document exceptions or comments, indicate type and amount.							1.5 SIC	
O'Brien, Elisbeth 45161000 <i>Elisbeth O'Brien</i> Employee Signature	Day: In - Out		7:50 1:50		7:30 5:00	7:35 2:35	7:45 3:15	
	Lunch: Out - In				11:30 12:00	11:30 12:00	12 12:30	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			SIC 5.0	SIC 6.5			CUM 0.5	

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Employee Name:		Sunday 05/02/10	Monday 05/03/10	Tuesday 05/04/10	Wednesday 05/05/10	Thursday 05/06/10	Friday 05/07/10	Saturday 05/08/10
Philips, Gloria 45161000 <i>Gloria Philips</i> Employee Signature	Day: In - Out		8:30 4:30	/	/	/	/	
	Lunch: Out - In		12:00 12:30	/	/	/	/	
	Outside Duty: From - To							
	Document exceptions or comments, indicate type and amount.			CMT 7.5 ✓	CMT 7.5 ✓	Vac 7.5 ✓	Vac 7.5 ✓	
Piro, Peter 45161000 <i>Peter Piro</i> Employee Signature	Day: In - Out		7:08 3:00	7:15 6:15	7:15 6:45	7:45 1:45	/	6:45 4:15
	Lunch: Out - In		12 12:30	12 12:30	12:45 1:15	—	/	12 12:30
	Outside Duty: From - To						/	
	Document exceptions or comments, indicate type and amount.			OT 3.0 ✓	OT 3.5 ✓	Vac 1.5 ✓	Pers 7.5 ✓	OT 9.0 ✓
Renczkowski, Daniel 45161000 <i>D. Renczkowski</i> Employee Signature	Day: In - Out		6:45 2:45	6:45 5:30	6:45 2:00	6:45 2:45	6:45 2:45	6:45 2:45
	Lunch: Out - In		12:00 12:30	1:00 1:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30
	Outside Duty: From - To			Malden Dist 11:00 5:30				
	Document exceptions or comments, indicate type and amount.			Comp earned 2.75 hr ✓	Comp used 0.75 hr ✓			OT 7.5 hrs ✓
Saunders, Della 45161000 <i>Della Saunders</i> Employee Signature	Day: In - Out		6:45 6:00	6:45 6:45	6:45 2:45	6:45 2:25	6:45 2:45	6:45 2:45
	Lunch: Out - In		1:35 2:05	1:30 2:00	1:05 1:55		12:00 12:30	1:15 1:45
	Outside Duty: From - To			9:50 11:45		9:10 10:00		
	Document exceptions or comments, indicate type and amount.		OT 3.25 hrs ✓	Malden Superior OT 4 hrs ✓		New Bedford District		OT 7.5 ✓

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Employee Name:		Sunday 05/02/10	Monday 05/03/10	Tuesday 05/04/10	Wednesday 05/05/10	Thursday 05/06/10	Friday 05/07/10	Saturday 05/08/10
Sprague, Shirley 45161000 <i>[Signature]</i> Employee Signature	Day: In - Out		11:00 4:00	9:00 5:00	12:00 5:00	8:55 5:00	9:00 12	
	Lunch: Out - In			1:00 1:30		1:00 1:30		
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			2.5 Vac ✓		2.5 Vac ✓	3.5 Vac ✓		
Tan, Zhi 45161000 <i>[Signature]</i> Employee Signature	Day: In - Out		6:45 5:45	6:45 5:45	6:45 6:00	6:45 6:00	6:45 6:00	6:45 4:15
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			OT. 3.0 ✓	OT. 3.0 ✓	OT. 3.25 ✓	OT. 3.25 ✓	OT. 3.25 ✓	OT. 9.0
Tran, Mai 45161000 <i>[Signature]</i> Employee Signature	Day: In - Out		7:30 1:45		7:30 1:30	7:45 3		
	Lunch: Out - In					11:30 12		
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								
45161000 Employee Signature	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								

*Spoke with Jennifer Gilbert
 Shirley Sprague was credited
 3.5 hr vac for 5/10/10 & 5/14/10*

*MISTAKE
 needs to be emailed,*

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval **prior** to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: 5/8/10

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: ☒ paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 8100-9745

Approval:

Supervisor:

Date:

Department Head:

Date:

Denial reason:

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Lisa Glazer	314719	7.5 hrs	Zhi Tan	148724	9.0 hrs
Michael Lawke	120459	9.0 hrs			
Nicole Medina	285766	7.5 hrs			
Pete Pico	138624	9.0 hrs			
Daniel Porzinski	297673	9.0 hrs			
Bella Soumka	147387	7.5 hrs			